Effective December 8, 2004 10 764, 22												24
CLAIMS AS FILED - PART I (Column 1) (Column 2) TOTAL CLAIMS								SMALL I	ENTITY	OR		R THAN -
TOTAL	CLAIMS					_		RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	150.00	OR	BASIC FEE	300.00
TOTAL CHARGEABLE CLAIMS			m	minus 20=		oʻ		X\$ 25=	1	Ӧ́Я	X\$50=	
INDEPENDENT CLAIMS			minus 3 =		•			X100=	1	OR	X200=	
MULTIPLE	E DEPEN	IDENT CLAIM I	RESENT		•			+180=	1.	1		
*/If the piperence in column 1 is less than zero, enter "0" in column 2							TOTAL		OR			
CLAIMS AS AMENDED - PART II								IOIAL	<u> </u>	Jon	OTHER	THAN
(PO	0 0 0 (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	SMALL	
Total Indepo	V	CLAIMS REMAINING AFTER AMENDMENT	-	NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total		· 63	Minus	-2	9	=		X\$ 25=		OR	X\$50=	
Indepo		• /	Minus	DENTIFICATE	<u>0</u>	1- /_		X100=	FLUOUC	OR	X200=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								±180=	-	OR	+360=	
								TOTAL DOT, FEE	\$700 a		TOTAL ADDIT FEE	
H / \cdot	<u>U</u>	(Column 1)		(Colum	n 2)	(Column 3)	. ^	DUII. FEE	Lain-		ADDIL FEEL	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAIR, F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total Indepe		·22	Minus	O	1	5		X\$ 25=		OR	X\$50=	
Indepe		· b	Minus	249	0	a .		X100=		OR	X200=	7
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+180=		OR	+360=	
·								TOTAL			TOTAL	
(Column 1) (Column 2) (Column 3)								DOIT. FEE		, /	ADDIT. FEEL	
0		CLAIMS REMAINING AFTER		HIGRE NUMB PREVIOU	ST ER	PRESENT EXTRA	F	PATE	ADDI- TIONAL	[PATE	ADDI- TIONAL
[]		AMENDMENT	· ·	PAIDF		EAIRA			FEE	·		FEE
AMENDMENT O		•	Minus	**		e	2	X\$ 25=		OR	X\$50=	
Indepe		*	Minus	***	~ 4=:	* .		X100=	٠.	OR	X200=	
FIRST	PRESE	VTATION OF MI	JUTIPLE DE	'ENDENT (CLAIM			+180=			+360=	
If the entry in column 1 is less than the entry in column 2, write "O" in column 8.										OR [+300E	
and the 76	"If the Trighest Number Previously Paid For" In THIS SPACE is less than 20, enter "20." ADDIT. FEE "If the Trighest Number Previously Paid For" IN THIS SPACE is less than 2, enter "20." ADDIT. FEE "The Trighest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

FORM PTO-878 FREE 10/04

Application or Docket Number